

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 APR 10 AM 10:06



1. Name of Limited Partnership	1a. DOCUMENT # <b>A96000002448</b>
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MINNESOTA HEIGHTS, LTD.

Mailing Address 405-F ATLANTIS ROAD CAPE CANAVERAL FL 32920	Principal Office Address 405-F ATLANTIS ROAD CAPE CANAVERAL FL 32920	3. Date Formed or Registered 12/24/1996	5a. Capital Contributions as Shown on record. \$1,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report N/A	5b. Amount of Capital Contributions In FLORIDA to date: \$1,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-3415776 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country		

9. Name and Address of Current Registered Agent STRAKA, CHRISTOPHER J 405-F ATLANTIS ROAD CAPE CANAVERAL FL 32920	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 4000002143914--2 Suite, Apt. #, etc. -04/15/97--01081--003 City ****165.00 ***165.00 FL
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent for both, to the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE 04.08.97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) M.H. PARTNERS GROUP I, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 405-F ATLANTIS ROAD	11b. City, State & Zip Code CAPE CANAVERAL FL 329	11c. Registration/ Document Number P98000103205
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE DATE 04.08.97  
Typed or Printed Name of General Partner Signing Form Christopher J. Straka Daytime Telephone Number 407.799.4900